CONDUCTING CHART REVIEW IN IBHIS

Chart Review Tool, Instructions for Chart Review and other key QA items

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Overview

- Chart Review in IBHIS is vital for ensuring our services are appropriately claimed to Medi-Cal
- Challenges may include:
 - Getting used to the system
 - Understanding policy changes (eg no cycle dates anymore)
 - Figuring out how to account for system changes (eg no more episodes)
 - Determining who is responsible for reviewing the chart if multiple Programs of Service are involved
- Do the best you can!!

Overview

- To account for the challenges we are/have:
 - Developing reports and widgets to identify information for you
 - Creating forms so Chart Reviews can be tracked in IBHIS and we can gather data
 - Relooking at policies to ensure consistency and operationalization
 - Revised the Chart Review Tool (as of today)
 - Developed instructions on how to identify each element on the tool (draft)

- To identify charts to review, randomly select clients from the STATS report [Active Clients by Primary Program of Service]
 - In the future, a report will be developed to identify charts to review based off of new clients and clients with treatment plans coming due
 - On the Chart Review Tool, leave the field "Type of Review" blank
- Staff can conduct Chart Reviews from their desk
- Discuss findings in the QA Committee Meeting
- The Chart Review Tool highlights (in red) key elements that would result in a disallowance
 - We are now in the audit period
 - The next State Audit will most likely have extrapolation

- Make sure all needed forms have been added to the Chart View/Form View
 - Client Consents/Acknowledgements
 - Admission (Outpatient)
 - Update Client Data
 - Mental Health Triage
 - ICARE/Child/Adult Full Assessment, Assessment Addendums, Substance Use, Mental Status, and Diagnosis
 - Outpatient Medication Review
 - DMH Client Treatment Plan

- Chart Review Tool (handout)
 - Revised as of today (3/26/15)
 - Reworded #6
 - Changed order of #8 and #9
 - Added language to #15a
 - Added #27
 - Last page includes important requirements information to assist in reviewing charts
- VERY ROUGH DRAFT Chart Review Instructions (handout)
 - Provides the basis for each question
 - Identifies how to find the information in the chart
 - Does not account for documents that may be in the paper chart (be sure to always check the paper chart if data is not found in IBHIS)

- Assessment
 - Recommendation: Get a Full Assessment in IBHIS for all active clients
 - Complete the Full Assessment instead of the Re-Assessment or Continuous Assessment
 - Will be developing a report to identify when a client's services were terminated in order to figure out assessment requirements related to Re-Assessment/Continuous Client Assessment
 - Utilize the last page of the Chart Review Tool to identify elements that are required on each type of assessment
 - All elements will not be on the Assessment form itself: must also review Mental Status form and Diagnosis form
 - Disallowance Areas:
 - No Included Diagnosis
 - No documented Impairments as a result of the sx/bx associated w/the mental disorder

- Client Treatment Plan
 - It is VITAL that staff review any current treatment plans on file PRIOR to doing a treatment plan.
 - They will then know that one is currently in place.
 - There can only be ONE active tx plan at a time so staff must DEFAULT in the previous plan if there were objectives that are still active.
 - If they do not, then the other staff practitioner will lose their objectives.
 - Staff do not use the signature pad to sign; they use their electronic signature and can route to other staff to get their signature
 - All services must be under the direction of an AMHD
 - Disallowance Areas:
 - No Treatment Plan covering the treatment services
 - Objectives not related back to the assessment
 - No AMHD signature
 - No client/representative signature

- Progress Notes
 - Make sure to utilize the Progress Notes Report (IBHIS), which is much faster now!
 - It will pull in all progress notes (no matter the form written on) and has all up to date/corrected information
 - Utilize the last page of the Chart Review Tool to identify the service components that Medi-Cal will reimburse for
 - Addresses #29 on the Chart Review Tool
 - We have been reading many notes that show no service component
 - H2015. Duration: 30 minutes. "CLIENT CAME IN FOR SERVICES HOWEVER SHE WAS A LITTLE EARLY AND WAS INFORMED HER DOCTOR WAS NOT IN YET. CLIENT WAS TOLD TO WAIT AND SHE WILL BE IN SOON: SHE AGREED."
 - Disallowance Areas:
 - No progress note
 - No intervention/No Service Component
 - Service not related back to the Treatment Plan